Image# 201911259166078965 PAGE 1 / 2

FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)												
	Jalisi, Jay, , ,												
	(b) Address (number and street) PO Box 280	☐ Check if address changed			Candidate's FEC Identification Number H0MD07205								
	(c) City, State, and ZIP Code					3. Is This	New			Amended			
	Owings Mills		ME	2111	7	Statement	x (N)	OR	ш	(A)			
4.	Party Affiliation	5. Office Sough	nt		6. State & Dist	rict of Candidate							
	DEMOCRATIC PARTY	House			MD	07							
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE													
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election)												
	NOTE: This designation should be filed with the appropriate office listed in the instructions.												
	(a) Name of Committee (in full)												
	Dr Jay for Congress	s, Inc.											
	(b) Address (number and street) PO Box 280												
	(-) O'ty Otata and 7ID Oada												
	(c) City, State, and ZIP Code												
	Owings Mills				MD	21117							
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)													
		•				,							
8.	I hereby authorize the following name candidacy.	ned committee,	which is NO	Γ my princip	al campaign con	nmittee, to receiv	e and expe	nd funds	on beh	alf of my			
	NOTE: This designation should be f	iled with the prin	ncipal campa	ign committ	ee.								
	(a) Name of Committee (in full)												
	(=, -, -, -, -, -, -, -, -, -, -, -, -, -,												
	//-\												
	(b) Address (number and street)												
	(c) City, State, and ZIP Code												
	I certify that I have exa	mined this State	ement and to	the best of	my knowledge a	and belief it is tru	e, correct ar	nd compl	ete.				
Si	gnature of Candidate					Date							
Jalisi, Jay, , Dr., [Electronic Control of the Cont				tronically Filed]	11/25/2019								
			NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										
NC	OTE: Submission of false, erroneous,	, or incomplete i	nformation m	nay subject t	he person signir	ng this Statemen	t to penaltie	s of 2 U.	S.C. §43	37g.			
NC	DTE: Submission of false, erroneous,	, or incomplete i	nformation m	nay subject t	he person signir	ng this Statemen	t to penaltie	s of 2 U.S	S.C. §43	37g.			
NO	OTE: Submission of false, erroneous,	, or incomplete i	nformation m	nay subject t	he person signir	ng this Statemen	t to penaltie	s of 2 U.	S.C. §40	37g.			

FEC FORM 2 (REV. 02/2009)

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: F2N Transaction ID:

2020 Special Election.

Form/Schedule: Transaction ID: